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PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000014138 (8) INFO TODAY INC

FILED Apr 16 1997 8:00am Secretary of State

| Principal Place of Business Mailing Address P.O. BOX 013091 P.O. BOX 013091 MIAMI FL 33101-3091 MIAMI FL 33101-3091 | | | | | | | | | |
|---|--|------------------------|--|--|---------------------------------------|--|---------------------|---------------------------|--|
| | | | | | | 3. Date Incorporated or Qualifie 02/20/1995 | | Date of Last 1/24/1996 | |
| Principal Place of Business 1 | 2a. Mailin | g Address | | · · · · · · · · · · · · · · · · · · · | | 4. FEI Number 65-0603647 | | } | Applied For Not Applicable |
| Suite, Apt. #. etc. | | Apt. #, etc. | | | | Certificate of Status Desired | | \$8.75 | Additional Required |
| City & State | City & | State | | | | 6. Election Campaign Financing | | | O May Be |
| Zip Country | 28 Zip | | Count | n. | | Trust Fund Contribution | | | d to Fees |
| 24 25 | 29 | | 30 | ' y | | 8. This corporation has liability Florida Statutes | for intangib Yes | le tex under XINo | s. 199.032, |
| 9. Name and Address of | | gent | 1001 | | | 10. Name and Address of New | | | |
| WILLIAMS, MARY J | | | 8 | 1 Nan | 10 | | | | |
| 5341 NW 190TH LN MIAMI FL 33055 | | | 82 Street Add | | | dress (P.O. Box Number is Not Acceptable) | | | |
| W. C. | | | 8 | 3 | | | | | |
| | | | 8 | 4 City | | | F | 85 Zi | p Code |
| 11. Pursuant to the provisions of Sections 6 | i07 0502 and 607 150 | 8 Florida Statu | ites the abo | ve-nam | ed coroo | ration submits this statement for th | e purpose | of changing | its registered |
| office or registered agent, or both, in the agent. I am familiar with, and accept the | e obligations of, Section | , בטבט. זעס זוכ | าดทนผ ธเนเนเ | | | | | | |
| SIGNATURE Signature, types or printed name of reps | | ole (NO | | | ture required | when reinstating) | DATE | ID D D D D D D | |
| Signature, typed or printed name of reps 12. OFFICE | stered agent and trie if applica RS AND DIRECTORS | | 13. | gent signa | ture required | | | | |
| Signature, tyred or printed name of regs 12. OFFICE DPST | | DELETE | 13. 1.1 TITLE | gent signa | ture required | when reinstating) | | ND DIRECTO | |
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information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.